

Loyola University Medical Center/  
Edward Hines, Jr. VA Hospital

FELLOWSHIP  
IN  
GERIATRIC MEDICINE  
  
CURRICULUM

July 1, 2007

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# GENERAL OBJECTIVES

The goal of this one-year geriatric fellowship is to train physicians who will be prepared for a clinical and academic leadership role in the field of Geriatric Medicine. Fellows will build upon their general medical knowledge and skills to achieve the following objectives:

- 1.0 Fellows will understand the aging process and its impact on functional status and management of disease. This includes the following:
  - 1.1 Current scientific knowledge of aging and longevity, including theories of aging, physiologic vs. pathologic changes of aging, epidemiology and natural history of aging, and diseases of the aged.
  - 1.2 Geriatric assessment (both cognitive and functional); activities of daily living and instrumental activities of daily living; and the appropriate use of the history, physical, mental examination, and the laboratory use.
  - 1.3 Psychosocial aspects of aging, including housing, depression, bereavement and anxiety.
  - 1.4 The economic aspects of supporting services, including Title III of the Older Americans Act, Medicare, Medicaid and cost containment.
  - 1.5 Ethical and legal issues especially pertinent to geriatric medicine, including incompetence, guardianship, right to refuse treatment, durable power of attorney and living wills.
- 2.0 Fellows will be able to diagnose, treat and manage common problems in the elderly. This includes the following:
  - 2.1 Those syndromes of special interest to geriatric medicine, including, but not limited to, cognitive impairment, depression, falls, incontinence, osteoporosis, fractures, dysthermias, sensory impairment, decubitus ulcers, pain, elder abuse and malnutrition.
  - 2.2 Those diseases, including neoplastic, cardiovascular, neurologic, musculoskeletal, metabolic and infectious, which are especially prominent in the elderly and which may have presentations or clinical courses in the elderly different from those in the younger individual.
  - 2.3 Pharmacologic alterations associated with aging, including changes in pharmacokinetics, pharmacodynamics, drug interactions, overmedication and issues regarding compliance.
  - 2.4 General principles of geriatric rehabilitation, including those applicable to patients with orthopedic, rheumatologic, cardiac and neurologic impairments. These principles should include those related to the use of physical medicine modalities, exercise, functional activities, assistive devices, environmental modification, patient and family education and psychosocial and recreational counseling.
  - 2.5 General principles of geropsychiatry, including the ability to recognize, assess, diagnose and initiate treatment of common clinical psychiatric problems in the elderly; and the appropriate use of diagnostic, therapeutic and placement resources/consultants.

2.6 Pre-operative assessment and involvement in post-operative management.

2.7 Iatrogenic disorders and their prevention.

3.0 Fellows will gain knowledge of the various components and health related disciplines, which make up the long-term care system and how their services interrelate in the VA and the community. This includes the following:

3.1 Appropriate use of multiple professionals, especially nurses, social workers, dietitians and rehabilitation experts, to assist in the assessment and implementation of treatment.

3.2 Aspects of preventive medicine, including nutrition, exercise, screening and immunization for disease, including awareness of community resources dedicated to these ends.

3.3 Management of patients in long term care settings, including knowledge of the administration of long term care institutional (e.g., safety regulations) and non-institutional care and the levels of care, appropriate interventions, and the continuum of care from short- to long-term.

3.4 Cultural aspects of aging including knowledge about demographics, health care status of older persons of diverse ethnicities, access to health care, cross cultural assessment, and use of an interpreter in clinical care. Issues of ethnicity in long-term care, patient education, and special issues relating to urban and rural older persons of various ethnic backgrounds should be covered.

3.5 Home care, including the components of a home visit, accessing appropriate community resources to provide care in the home setting.

3.6 Hospice care, including pain management, symptom relief, comfort care, and end of life issues.

3.7 The pivotal role of the family in caring for many elderly and the community resources (formal support systems) required to support both patient and family.

3.8 Communication skills with patients, families, and other health professionals.

4.0 Fellows will learn to use basic research methodologies to assess the problems of providing health care services for elderly individuals. This includes the following:

4.1 Familiarity with research methodologies related to geriatric medicine, including biostatistics, clinical epidemiology, medical informatics, information sciences, decision analysis, and critical literature review, and research design, cross-sectional and longitudinal methods.

4.2 Communication skills in delivering case reports, literature searches, and research papers.

Table 1

Geriatric Fellowship Training Schedule  
Loyola University Medical Center/Hines VA Hospital

Hines GEM/Inpatient Care	3 months
Consults	6 weeks
Hospice	6 weeks
Home Based Primary Care	3 months
Geropsychiatry	6 weeks
Rehabilitation	6 weeks

# ROTATION SPECIFIC OBJECTIVES

## INPATIENT GERIATRICS

At Hines VA Hospital, the fellows' inpatient experience centers around the 18 beds located on 15E Transitional Care (15 ETC) and acute medical beds.

The **GOALS** of the rotation in Inpatient Geriatrics are to master the:

- Ability to assess functional status and anticipate and recognize early loss of function caused by acute illness, hospitalization or treatments, and to take appropriate actions.
- Ability to perform a mental status assessment and to evaluate decision-making capacity.
- Ability to consult appropriately and communicate effectively with other geriatric team members in the acute care setting.
- Ability to elicit the patient's preferences, including advance directives, to incorporate these preferences into medical decision-making, and to assist in conflict resolution when these preferences conflict with those of the family or others.
- Ability to formulate successful discharge and follow-up plans for complex patients.
- Ability to assess nutritional status in older adults.

### • Educational content by competency

#### Patient care

**GOALS** – fellows must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

**Learning Objectives:** Fellows are expected to:

- Understand the atypical and functional presentation of serious illness in the elderly
- Understand the potential for significant functional decline and iatrogenic illness for hospitalized elderly
- Assist in planning for post-discharge care for elderly patients to assure a continuum of recovery and to understand the resources available for patient after hospital discharge
- Work with patients, families and other specialist to determine extent of medical intervention appropriate to maintain optimal functional capacity in older adults
- Understand post-hospital care for some common problems including: post total hip and total knee replacement, post CABG and management of chronic infections such as osteomyelitis
- Gather essential and accurate information about their patients including but not limited to the aging process and geriatrics syndromes.
- Make an informed decision about both diagnostic and therapeutic plans. These should be based on up-to-date scientific knowledge and clinical judgment. They must also incorporate patient preferences. Fellows must be able to develop and complete interdisciplinary patient care management plans and demonstrate an ability to

communicate effectively and in a caring and respectful manner with patients and their families.

## **Medical knowledge**

**GOALS** - fellows must demonstrate a mastery of knowledge about both established and evolving sciences including biomedical, clinical, epidemiological and social-behavioral aspects of Geriatrics. They are required to apply this knowledge to the care of the patients.

**Learning Objectives:** Fellows are expected to:

- Understand post-hospital care for some common problems including: post total hip and total knee replacement, post CABG and management of chronic infections such as osteomyelitis
- Demonstrate analytical thinking in their approach to clinical instruction.
- Know the basic and clinical literature, which provides a supportive framework for the subspecialty of Geriatrics.
- Assess and critically evaluate the current medical literature to develop an evidence-based approach to the practice of Geriatrics.
- Apply this knowledge to clinical problem solving and decision-making in the practice of Geriatrics.
- Use the available information technology to support patient education and patient care decisions.

## **Practice based learning and improvement**

**GOALS** - Fellows must be able to appraise and assimilate scientific evidence continuously improving their patient care and practice in the field of Geriatrics.

**Learning Objectives:** Fellows are expected to:

- Assess their practice experience systematically performing activities, which are practice based to improve their performances.
- Read and use the literature, assimilating scientific evidence based findings into their practice to address their patients' problems and foster their well-being.
- To observe and use information from the database of the cohort of patients they serve as well as the larger population from which the patients are drawn to improve their practice skills in Geriatrics.
- Apply their knowledge of study designs and statistics to the Geriatric clinical literature.
- Manage information using information technology to foster his or her education in Geriatrics.
- Facilitate the training of students and other health care professionals in the principles and practice of Geriatrics

## **Interpersonal and communications skills**

**GOALS** - Fellows must be able to demonstrate the ability to effectively communicate with patients and patients' families as well as to exchange information and team-build with colleagues

and professional associates.

**Learning Objectives:** Fellows are expected to:

- Participate in multidisciplinary team meetings with nursing, social work, dietary, physical therapy and patient/family representation
- Use effective listening skills to create and sustain an ethically sound, therapeutic relationship with patients.
- Use both verbal and not-verbal skills in an effective manner to explain, question or provide information to patients regarding Geriatric processes.
- Work effectively as a team leader or member with peers, colleagues and other healthcare professionals to foster better understanding of Geriatrics issues/concerns.

## **Professionalism**

**GOALS:** Fellows must demonstrate a commitment to carry out their professional responsibilities in an ethical manner and with sensitivity to a diverse patient population.

**Learning Objectives:** Fellows are expected to:

- Participate in multidisciplinary team meetings with nursing, social work, dietary, physical therapy and patient/family representation
- Demonstrate empathy, integrity and respect for patients. They also must display a commitment to principles that supersedes their self-interest and serves the needs of patients, their profession and society.
- Develop a commitment to ethical principles to guide them in the provision or withholding of clinical care, the confidentiality of patient information, informed consent and business practices.
- Demonstrate sensitivity and responsiveness to patients' age, gender, culture, and disabilities.
- Exercise accountability to self and peers, responsibility to profession and contribute to standard settings.

## **System based practice**

**GOALS:** Fellows must become aware of and responsive to the larger context and system of health care. They must learn how to effectively access system resources to provide optimal care.

**Learning Objectives:** Fellows are expected to:

- Assist in planning for post-discharge care for elderly patients to assure a continuum of recovery and to understand the resources available for patient after hospital discharge
- Understand which patients are appropriate for referral to subacute facility
- Understand the state regulations as to frequency of visits and level of care required in the subacute setting
- Participate in multidisciplinary team meetings with nursing, social work, dietary, physical therapy and patient/family representation
- Understand the impact of their individual patient care and professional conduct on the health care system and society.
- Be prudent in the use of scarce resources without compromising quality of care.
- Advocate for patients and assist them in dealing with the complexities of the health care



- system.
- Effectively team with ancillary health care partners and colleagues to provide a seamless approach to the betterment of patient's health.

## • Teaching methods

These objectives are addressed as part of the daily clinical rounds as well as fulfilling the role of junior attending. During the acute rotation the Geriatrics fellows work within a team that includes physicians, nurse practitioners, nurses, Pharm D's and social workers. During daily rounds, discussion focuses on medical issues, psychosocial needs, and patient and provider referral for supportive services, education and discharge planning. Liaison with some health care agencies and instruction for follow-up care is a part of these discharge plans. Fellows are expected to develop cordial and collegial relationships with nursing and other ancillary staff.

Geriatric fellows have a significant role in the teaching and supervision of residents and medical students in the Department of Medicine. While on inpatient rotations the fellows see the patients and the case is discussed with the house staff and students. A Geriatric differential diagnosis and plan are formulated. References from the literature are researched or suggested by the fellow and may be provided for the service. In addition, the fellows review special Geriatric topics with the service. House staff interactions with fellows occur on a regular daily basis.

Both institutions offer Internet access to a wealth of medical literature resources including full text journals and medical textbooks. Fellows are expected to use evidenced based medical knowledge and use critical analyses of the literature in the field of Geriatrics. They are encouraged to search for direct applicability of research to the clinical setting. Use of electronic technology such as power point is strongly encouraged for teaching presentation. Our daily patient and teaching rounds provide the fellows with an opportunity to prepare and review Geriatric topics. A critical appraisal of the case management including diagnostic evaluation, implementation of therapeutic measures and outcome is always discussed. Selected topics are reviewed and thoroughly discussed and a synopsis of current literature is performed and presented. When applicable, ethical issues related to patients' care is discussed.

Patient-fellow interactions are monitored by the Geriatrics attending and recorded on the Geriatric fellow's evaluation form. On numerous occasions, fellows are observed taking histories, performing physical exams and discussing their findings with the patients and their families. Attending faculty member assesses the fellow's diagnostic and therapeutic reasoning and skills in presentation of their management plan.

Trainees in the subspecialty of Geriatrics are instructed in the psychosocial and economic aspects of medicine as well as ethical issues relative to the subspecialty. Fellows act as a primary care provider and, as such, advise and direct therapy with the best interest of the patient in mind. Whenever possible, the Geriatrics fellow will discuss alternatives to inpatient therapy, e.g. outpatient care, HBPC, Adult Day Care Center, respite programs.

A more pressing ethical consideration is the decision to treat in the terminally ill patient. The Geriatrics fellow is taught to consider the desires and needs of the patient and the patient's family. The fellow is taught to ascertain whether the patient or family has signed a Living Will or Durable Power of Attorney and to follow these directions.

- **Mix of diseases and issues**

- Age-related changes in the presentation of illnesses: non-specific presentation of acute illness, particularly in urosepsis, pneumonia, myocardial infarction, and acute abdomen.
- Detection and management of geriatric syndromes: e.g. delirium, polypharmacy, immobility and pressure sores, malnutrition and dementia.
- Evaluation and management of common medical problems, particularly when co-existing, in older adults, with particular attention to functional outcomes, quality of life, conflicting priorities in patients with co-morbid illnesses, and age-related physiologic changes that alter response to treatment.
- Age-related changes in pharmacokinetics and pharmacodynamics, and drug-induced illness.
- Hospital-associated complications, such as functional loss and pressure sore, strategies to minimize their occurrence.
- Availability of and funding sources for community resources frequently ordered at hospital discharge of older persons to home and other settings (visiting nurses, meals on wheels, rehabilitation, nursing home, etc.).
- Pre-operative assessment and peri-operative care of older persons.
- Age related changes in laboratory and other function tests
- Techniques of terminal care, including pain control and other symptom control measures.
- Cost and funding sources for acute care services for older persons
- Awareness of ageism - the ways in which stereotypical prejudices about older persons may affect their medical care, including decisions about using sophisticated technologies.
- Awareness of the benefits as well as limits of medical intervention for individual older patients.
- Understanding that improvement of function is as important a medical goal as are disease-specific therapies.
- Respect for the diverse values, cultural heritage, and priorities of older persons.
- Understanding of the importance of palliative care in terminal illness.
- Appreciation of the importance of their health care professionals and of their caregivers in delivering high quality care to acutely ill elders.

- **Reading list –see attached – Appendix R**

- **Evaluation**

Each fellow is evaluated quarterly with regard to the ACGME competencies by the appropriate attending. Fellows (fellows) meet with their attending to review these quarterly evaluations. Formal review is given twice per year by the Program Director.

#### OUTCOME ASSESSMENT

The Patient Care competency will be assessed using the following tools:

- Quarterly Attending Evaluation Forms
- Semi-annual review/evaluation sessions with the Program Director using the ACGME Competencies based evaluation forms
- Annual ABIM evaluation Forms by the Program Director

- Self-Assessment form (Appendix I)

The Medical Knowledge competencies will be assessed using the following tools:

- Quarterly Attending Evaluation Forms
- Semi-annual review/evaluation sessions with the Program Director using the ACGME Competencies based evaluation forms
- Annual ABIM evaluation Forms by the Program Director

The Practice-Based Learning and Improvement competency will be assessed using the following tools:

- Fellow's self-evaluation form. (Appendix I)
- Chart review of selected sample charts of Fellow's practice

The Interpersonal and Communication skills competency will be assessed using the following tools:

- Fellows' self-evaluation form. (Appendix I)
- Daily observation by Geriatric attending staff as reflected in the monthly ABIM Evaluation form
- Formal evaluation by the Program Director twice a year
- Physician Peer Assessment (Appendix J )
- 360 Degree Evaluation

The Professionalism competency will be assessed using the following tools:

- 360 degree evaluation form (Appendix L)
- Quarterly attending evaluation
- Participation in the teaching sessions for junior house-officers and students.
- Physician Peer Assessment (Appendix J)

The following tools will assess the System-Based Practice competency:

- Chart Review
- Quarterly reviews by attending staff.

## ● Inpatient Settings

At Hines VA Hospital, the fellows' inpatient experience centers around the 18 beds located on 15E Transitional Care (15 ETC) and acute medical beds. The consult geriatric fellow screens admissions to target those patients who would benefit most from inpatient comprehensive geriatric assessment. Fellows recommend transfer of appropriate patients to 15ETC or ECC using predetermined criteria. The consult fellow also performs inpatient geriatric consultation to medical and surgical services at Hines. Each consultation is discussed with the consult attending.

The role of the GEM fellow is that of a junior attending, providing teaching and supervision for the fellows and students rotating through Geriatrics. They may lead teaching and working rounds independently, under attending supervision. Internal Medicine, and Family Practice fellows, medical students and physician assistant students are assigned to this unit for a one-month rotation.

The 15ETC team (attending, fellow, NP, social worker, fellows) meets weekly for discharge rounds. Fellows' participation is mandatory.

- **Supervision**

The ultimate responsibility for medical care of patients followed by Geriatrics Service rests on Geriatric Attendings who are available 24 hours each day, seven days each week. Fellows in training are expected to supervise the work of junior house officers who rotate on the Geriatrics service as well as medical students and physician assistant students under the tutelage of the attending. It is understood that the fellows are to be familiar with each patient on service. As this is an educational training program, fellows should review the details of patient's care so that they can teach and instruct the junior members about the disease process under review. Fellows coordinate all of the above efforts and the product is discussed with the attending for final approval or remediation.

As fellows mature they will be given more discretionary latitude in patient management. As fellows progress through the program their independence from attending supervision will grow and be adjusted to their level of individual expertise.

# CONSULT ROTATION

The fellows work with the consult team for six weeks at Hines VA Hospital

The **GOALS** of your Inpatient Consults rotation are to master:

- Ability to assess functional status and anticipate and recognize early loss of function caused by acute illness, hospitalization or treatments, and to take appropriate actions.
- Ability to perform a mental status assessment and to evaluate decision-making capacity.
- Ability to elicit the patient's preferences, including advance directives, to incorporate these preferences into medical decision-making, and to assist in conflict resolution when these preferences conflict with those of the family or others.
- Ability to formulate successful discharge and follow-up plans for complex patients.

## • Educational content by competency

### Patient care

**GOALS** – fellows must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

**Learning Objectives:** Fellows are expected to:

- Gather essential and accurate information about their patients including but not limited to the aging process and geriatrics syndromes.
- Make an informed decision about both diagnostic and therapeutic plans. These should be based on up-to-date scientific knowledge and clinical judgment. They must also incorporate patient preferences.
- Fellows must be able to develop and complete interdisciplinary patient discharge plans and demonstrate an ability to communicate effectively and in a caring and respectful manner with patients and their families.

### Medical knowledge

**GOALS** - fellows must demonstrate a mastery of knowledge about clinical and social-behavioral aspects of Geriatrics. They are required to apply this knowledge to the care of the patients.

**Learning Objectives:** Fellows are expected to:

- Know the basic and clinical literature, which provides a supportive framework for the process of Consults in Geriatrics.
- Assess and critically evaluate the current medical literature to develop an evidence-based approach to the practice of Geriatrics.
- Apply this knowledge to clinical problem solving and decision-making in the practice of Geriatrics.
- Use the available information technology to support patient education and patient care decisions.

## **Practice based learning and improvement**

**GOALS** - Fellows must be able to appraise and assimilate scientific evidence continuously improving their patient care and practice in the field of Geriatrics.

**Learning Objectives:** Fellows are expected to:

- Assess their practice experience systematically performing activities which are practice based to improve their performances.
- Read and use the literature, assimilating scientific evidence based findings into their practice to address their patients' problems and foster their well-being.
- Manage information using information technology to foster his or her education in Geriatrics.
- Facilitate the training of students and other health care professionals in the principles and practice of Geriatrics

## **Interpersonal and communications skills**

**GOALS:** Fellows must be able to demonstrate the ability to effectively communicate with patients and patients' families as well as to exchange information and team-build with colleagues and professional associates.

**Learning Objectives:** Fellows are expected to:

- Use effective listening skills to create and sustain an ethically sound, therapeutic relationship with patients.
- Use both verbal and not-verbal skills in an effective manner to explain, question or provide information to patients regarding Geriatric processes.
- Work effectively as a team member with peers, colleagues and other healthcare professionals to foster better understanding of Geriatrics issues/concerns.

## **Professionalism**

**GOALS:** Fellows must demonstrate a commitment to carry out their professional responsibilities in an ethical manner and with sensitivity to a diverse patient population.

**Learning Objectives:** Fellows are expected to:

- Develop a commitment to ethical principles to guide them in the provision or withholding of clinical care, the confidentiality of patient information, informed consent and business practices.
- Demonstrate sensitivity and responsiveness to patients' age, gender, culture, and disabilities.
- Exercise accountability to self and peers, responsibility to profession and contribute to standard settings.

## **System based practice**

**GOALS:** Fellows must become aware of and responsive to the larger context and system of

health care. The must learn how to effectively access system resources to provide optimal care.

**Learning Objectives:** Fellows are expected to:

- Understand the impact of their individual patient care and professional conduct on the health care system and society.
- Be prudent in the use of scarce resources without compromising quality of care; participate at weekly hospital utilization management meetings.
- Advocate for patients and assist them in dealing with the complexities of the health care system.
- Effectively team with ancillary health care partners and colleagues to provide a seamless approach to the betterment of patient's health.
- Coordinate transfers and admissions to sub-acute unit, Nursing Home, HBPC program.

## ● **Teaching methods**

These objectives are addressed as part of the daily consults rounds. During the consults rotation the Geriatrics fellows work within a team that includes physician attending and nurse admission coordinator. During daily rounds, discussion focuses on medical issues, psychosocial needs, and patient and provider referral for supportive services, education and discharge planning. Liaison with some health care agencies and instruction for follow-up care is a part of these discharge plans. Fellows are expected to develop cordial and collegial relationships with peers, nursing and other ancillary staff.

Trainees in the subspecialty of Geriatrics are instructed in the psychosocial and economic aspects of medicine as well as ethical issues relative to the subspecialty. Whenever possible, the Geriatric fellow will discuss alternatives to inpatient therapy, e.g. outpatient care, HBPC, Adult Day Care Center, respite programs.

A more pressing ethical consideration is the decision to treat in the terminally ill patient. The Geriatric fellow is taught to consider the desires and needs of the patient and the patient's family. The fellow is taught to ascertain whether the patient or family has signed a Living Will or Durable Power of Attorney and to follow these directions.

## ● **Mix of diseases and issues**

- Detection and management of geriatric syndromes: e.g. delirium, polypharmacy, immobility and pressure sores, malnutrition and dementia.
- Evaluation and management of common medical problems, particularly when co-existing, in older adults, with particular attention to functional outcomes, quality of life, conflicting priorities in patients with co-morbid illnesses, and age-related physiologic changes that alter response to treatment.
- Age-related changes in pharmacokinetics and pharmacodynamics, and drug-induced illness.
- Availability of and funding for community resources frequently ordered at hospital discharge of older persons to home and other settings (visiting nurses, meals on wheels, rehabilitation, nursing home, etc.).
- Techniques of terminal care, including pain control and other symptom control measures.
- Cost and funding sources for acute care services for older persons
- Awareness of ageism - the ways in which stereotypical prejudices about older persons may affect their medical care, including decisions about using sophisticated technologies.

- Understanding that improvement of function is as important a medical goal as are disease-specific therapies.
- Respect for the diverse values, cultural heritage, and priorities of older persons.
- Understanding of the importance of palliative care in terminal illness.

- **Reading list –see attached – Appendix R**

- **Evaluation**

Each fellow is evaluated quarterly with regard to the ACGME competencies by the appropriate attending. Fellows meet with their attending to review these quarterly evaluations. Formal review is given twice per year by the Program Director.

#### OUTCOME ASSESSMENT

The Patient Care competency will be assessed using the following tools:

- Quarterly Attending Evaluation Forms
- Semi-annual review/evaluation sessions with the Program Director using the ACGME Competencies based evaluation forms
- Annual ABIM evaluation Forms by the Program Director
- Self-Assessment form (Appendix I)

The Medical Knowledge competencies will be assessed using the following tools:

- Quarterly Attending Evaluation Forms
- Semi-annual review/evaluation sessions with the Program Director using the ACGME Competencies based evaluation forms
- Annual ABIM evaluation Forms by the Program Director

The Practice-Based Learning and Improvement competency will be assessed using the following tools:

- Fellow's self-evaluation form. (Appendix I)
- Chart review of selected sample charts of Fellow's consults

The Interpersonal and Communication skills competency will be assessed using the following tools:

- Fellows' self-evaluation form. (Appendix I)
- Daily observation by Geriatric attending staff as reflected in the monthly ABIM Evaluation form
- Formal evaluation by the Program Director twice a year
- Physician Peer Assessment (Appendix J )
- 360 Degree Evaluation

The Professionalism competency will be assessed using the following tools:

- 360 degree evaluation form (Appendix L)
- Quarterly attending evaluation
- Physician Peer Assessment (Appendix J)



The following tools will assess the System-Based Practice competency:

- Chart Review
- Quarterly reviews by attending staff.

- **Supervision**

The ultimate responsibility for patients assessed and followed by Geriatrics Consult Service rests on Geriatric Attendings who are available 24 hours a day, seven days a week.

As this is an educational training program, fellows should review all details of patient's care so that they can present and discuss pertinent medical and social issues with the attending for final disposition.

# NURSING HOME

In the nursing home experience, each fellow is responsible for the care of a group of patients under the supervision of faculty. He or she performs initial evaluations on new residents (i.e., patients), makes routine visits, and evaluates new problems that arise. He or she participates in or leads the regular care planning conferences.

The **GOALS** of your rotation in the Nursing Home are to master the:

- Administration and interpretation of standardized assessment instruments
- Diagnosis and management of patients with multiple chronic illnesses and functional disabilities
- Medical decision-making and goal-setting that incorporate the patients' values and preferences
- Determination of decision-making capacity and assistance in establishing advance directives
- Effective participation in interdisciplinary teams
- Telephone management of patient care problems
- Coordination of care between settings, especially between acute care and nursing home

## • Educational content by competency

### Patient care

**GOALS** – fellows must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

**Learning Objectives:** Fellows are expected to:

- Efficiently evaluate and manage common acute and chronic care problems in the Nursing Home
- Demonstrate improved time management skills by providing timely care to an increasing number of patients
- Understand the importance of the multidisciplinary team approach to providing quality care and to maintaining to maintain optimal physical, socials and emotional well-being of residents in the nursing home setting
- Understand the scope of care that can be provided in a nursing home from rehabilitation interventions to palliative care
- Work with families and staff to enhance understanding of issues surrounding end-of-life care and other complex care issues.
- Make an informed decision about both diagnostic and therapeutic plans. These should be based in up-to-date scientific knowledge and clinical judgment. They must also incorporate patient preferences.
- Fellows must be able to develop and complete interdisciplinary patient care management plans.

- Demonstrate an ability to communicate effectively and in a caring and respectful manner with patients and their families.
- Counsel and educate patients and their families. Work with health care professionals, including those from other disciplines, to provide patient focused care.

## **Medical knowledge**

**GOALS** - fellows must demonstrate a mastery of knowledge about both established and evolving sciences including biomedical, clinical, epidemiological and social-behavioral aspects of Geriatrics. They are required to apply this knowledge to the care of the patients.

**Learning Objectives:** Fellows are expected to:

- Efficiently evaluate and manage common acute and chronic care problems in the Nursing Home
- Demonstrate analytical thinking in their approach to clinical instruction.
- Know the basic and clinical literature, which provides a supportive framework for the subspecialty of Geriatrics.
- Assess and critically evaluate the current medical literature to develop an evidence-based approach to the practice of Geriatrics.
- Apply this knowledge to clinical problem solving and decision-making in the practice of Geriatrics.

## **Practice based learning and improvement**

**GOALS** - Fellows must be able to appraise and assimilate scientific evidence continuously improving their patient care and practice in the field of Geriatrics.

**Learning Objectives:** Fellows are expected to:

- Demonstrate improved time management skills by providing timely care to an increasing number of patients
- Assess their practice experience systematically performing activities, which are practice based to improve their performances.
- To observe and use information from the database of the cohort of patients they serve as well as the larger population from which the patients are drawn to improve their practice skills in Geriatrics.
- Apply their knowledge of study designs and statistics to the Geriatric clinical literature.
- Manage information using information technology to foster their own education in Geriatrics
- Participate at our monthly meetings as scheduled

## **Interpersonal and communications skills**

**GOALS** - Fellows must be able to demonstrate the ability to effectively communicate with patients and patients' families as well as to exchange information and team-build with colleagues and professional associates.

**Learning Objectives:** Fellows are expected to:

- Understand and demonstrate the importance of good communication among all levels of nursing home staff
- Work with families and staff to enhance understanding of issues surrounding end-of-life care and other complex care issues.
- Use effective listening skills to create and sustain an ethically sound, therapeutic relationship with patients.
- Use both verbal and not-verbal skills in an effective manner to explain, question or provide information to patients regarding Geriatrics processes.
- Work effectively as a team leader or member with peers, colleagues and other healthcare professionals to foster better understanding of Geriatrics issues/concerns.

## **Professionalism**

**GOALS** - Fellows must demonstrate a commitment to carry out their professional responsibilities in an ethical manner and with sensitivity to a diverse patient population.

**Learning Objectives:** Fellows are expected to:

- Demonstrate empathy, integrity and respect for patients. They also must display a commitment to excellence that supersedes their self-interest and serves the needs of patients, their profession and society.
- Develop a commitment to ethical principles to guide them in the provision or withholding of clinical care, the confidentiality of patient information, informed consent and business practices.
- Demonstrate sensitivity and responsiveness to patients' age, gender, culture, and disabilities.
- Exercise accountability to self and peers, responsibility to profession and contribute to standard settings.

## **System based practice**

**GOALS** - Fellows must become aware of and responsive to the larger context and system of health care. They must learn how to effectively access system resources to provide optimal care.

**Learning Objectives:** Fellows are expected to:

- Understand federal and state regulations regarding care of patients in nursing home
- Understand the importance of the multidisciplinary team approach to providing quality care and to maintaining to maintain optimal physical, social and emotional well-being of residents in the nursing home setting
- Understand the impact of their individual patient care and professional conduct on the health care system and society
- Advocate for patients and assist them in dealing with the complexities of the health care system
- Effectively team with ancillary health care partners and colleagues to provide a seamless approach to the betterment of patient's health
- The economic aspects of supporting geriatrics services including Medicare, Medicaid and Cost containment
- Know the OBRA regulations for Nursing Homes and become familiar with MDS

- **Teaching methods**

During the Nursing Home rotation the Geriatrics fellows work within a team that includes physicians, nurse practitioners, nurses, Pharm D's, therapists, chaplains and social workers. Fellows are expected to develop cordial and collegial relationships with nursing and other ancillary staff.

Fellows are expected to use evidenced based medical knowledge and use critical analyses of the literature in the field of Geriatrics. They are encouraged to search for direct applicability of research to the clinical setting. Selected topics on Nursing Home Care are reviewed and discussed with the attending during teaching rounds. When applicable, ethical issues related to patients' care is discussed.

Trainees in the subspecialty of Geriatrics are instructed in the psychosocial and economic aspects of medicine as well as ethical issues relative to the subspecialty. Fellows act as a primary care provider and, as such, advise and direct therapy with the best interest of the patient in mind.

A more pressing ethical consideration is the decision to treat in the terminally ill patient. The Geriatric fellow is taught to consider the desires and needs of the patient and the patient's family. The fellow is taught to ascertain whether the patient or family has signed a Living Will or Durable Power of Attorney and to follow these directions. Hospice care is provided to patients who decided to forego aggressive and futile treatment.

Patient-fellow interactions are monitored by the Geriatric attending and recorded on the Geriatric fellow evaluation form. On numerous occasions, fellows are observed taking histories, performing physical exams and discussing their findings with the patients and their families. Attending faculty member assesses the fellow's diagnostic and therapeutic reasoning and skills in presentation of their management plan.

- **Mix of diseases and issues**

- Adjustments in history taking and physical examination
- Standardized instruments for assessing physical function, cognition, affect, and gait
- Advance directives and competency
- Hospice care, including pain management, symptom relief, comfort care, and end of life issues
- Assessment of nutritional needs and treatment of malnutrition, including appropriate use of oral supplements and parenteral feeding
- Evaluation and management of infections common to the nursing home setting
- Evaluation and management of the following geriatric syndromes: dementia, depression, urinary incontinence, polypharmacy, falls, immobility and pressure soars
- Evaluation and management of disruptive behaviors
- Nursing home regulations (e.g. physical restraints and psychotropic medication use)
- Principles of rehabilitation and the concept of excess disability
- Function of interdisciplinary teams
- Therapeutic capabilities of the nursing home
- Strategies to minimize hospitalization and improve the transition to and from the hospital when hospitalization is necessary
- Role of the nursing home medical director
- Spectrum and financing of long-term care

- Awareness and familiarity with sub acute care
- Age-related changes in the presentation of illnesses: non-specific presentation of acute illness, particularly in urosepsis, pneumonia, myocardial infarction, and acute abdomen.
- Priorities in patients with co-morbid illnesses, and age-related physiologic changes that alter response to treatment.
- Pre-operative assessment and peri-operative care of older persons.

- **Reading list – see attached – Appendix R**

- **Evaluation**

Each fellow is evaluated quarterly with regard to the ACGME competencies by the appropriate attending. Fellows (fellows) meet with their attending to review these quarterly evaluations. Formal review is given twice per year by the Program Director.

#### OUTCOME ASSESSMENT

The Patient Care competency will be assessed using the following tools:

- Quarterly Attending Evaluation Forms
- Semi-annual review/evaluation sessions with the Program
- Director using the ACGME Competencies based evaluation forms
- Annual ABIM evaluation Forms by the Program Director
- Self-Assessment form (Appendix I)
- Patient evaluation of the fellow

The Medical Knowledge competencies will be assessed using the following tools:

- Quarterly Attending Evaluation Forms
- Semi-annual review/evaluation sessions with the Program Director using the ACGME Competencies based evaluation forms
- Annual ABIM evaluation Forms by the Program Director

The Practice-Based Learning and Improvement competency will be assessed using the following tools:

- Fellow's self-evaluation form. (Appendix I)
- Chart review of selected sample charts of Fellow's practice

The Interpersonal and Communication skills competency will be assessed using the following tools:

- Fellows' self-evaluation form. (Appendix I)
- Daily observation by Geriatric attending staff as reflected in the monthly ABIM Evaluation form
- Formal evaluation by the Program Director twice a year
- Physician Peer Assessment (Appendix J )
- 360 Degree Evaluation
- Patient evaluation of the fellow

The Professionalism competency will be assessed using the following tools:

- 360 Degree Evaluation form (Appendix L)
- Quarterly attending evaluation
- Patient evaluation of the fellow
- Physician Peer Assessment (Appendix J)

The following tools will assess the System-Based Practice competency:

- Chart Review
- Quarterly reviews by attending staff.

## ● **Nursing Home Setting**

In the nursing home experience, each fellow is responsible for the care of a group of patients under the supervision of faculty. He or she performs initial evaluations on new residents (i.e., patients), makes routine visits, and evaluates new problems that arise. He or she participates in or leads the regular care planning conferences. Each fellow is assigned 10-15 beds at two nursing homes for 12 months as a continuity experience. All fellows have 12 months experience in both community nursing home and Extended Care Center (ECC) settings during the year of fellowship. These assignments are either at one of our affiliated community nursing homes (CNH) --King-Bruwaert {KB} House, British Home, Plymouth Place, Manor Care Health Services, Oak Brook Healthcare Center and at the Extended Care Center (ECC) on the campus of the Edward Hines, Jr. VA Medical Center (Hines).

Some of our faculty members serve as the medical directors at the affiliated community nursing homes, respectively: 1. Dr. Lawrence LaPalio - KB House located in Burr Ridge, a not-for-profit home with 77 sheltered and 30 skilled beds facility. 2. Dr. Peter Norvid - Manor Care Health Services, a 200-bed skilled nursing home in Hinsdale.

A faculty member, Dr. Malcolm Rice, is medical director of the ECC, which currently has 150 beds. Fellows are assigned to each unit, and are primarily responsible for the medical care of 10-15 patients under faculty supervision. He/she interacts with the geriatric nurse practitioner assigned to that unit and learns to work with, and supervise nurse practitioners in the long-term care setting. The fellow participates in the weekly interdisciplinary patient care team meeting as part of his/her training experience.

During the nursing home assignment, the fellow also becomes familiar with the role of the medical director in the nursing home, as well as state and federal rules and regulations regarding community nursing homes (OBRA, HCFA, etc.). In addition to the responsibilities outlined above, the fellow is involved in the teaching of students and fellows who come to the nursing homes as part of their geriatric rotation.

## ● **Supervision**

The ultimate responsibility for medical care of patients admitted to the Nursing home rests on Geriatrics Attendings who are available 24 hours each day, seven days each week. Fellows are the primary care providers for each patient on service. Together with nurse practitioners, they coordinate all the team efforts and the management plans are discussed with the attending for approval and feedback. As fellows mature they are given more discretionary latitude in patient management. As fellows progress through the program their independence from attending supervision will grow and be adjusted to their level of individual expertise.

# HOME CARE (HBPC)

Hospital Based Primary Care (HBPC) is a special VA program in which a team of health professionals gives primary care to housebound veterans.

The **GOALS** of your rotation in Home Care (HBPC) are to master:

- Ability to communicate effectively with the patient's family and caregivers
- Ability to selectively and appropriately order community service for patients at home
- Ability to manage pain and other terminal symptoms effectively in the home
- Ability to assess function including risk for falls
- Ability to manage geriatrics syndromes (dementia, pressure ulcers, urinary incontinence, etc.) in the home
- Ability to sensitively assist patients in developing advance directives

## • Educational content by competency

### Patient care

**GOALS** – fellows must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health

**Learning Objectives:** Fellows are expected to:

- Provide health care services aimed at preventing health problems and maintain health
- Make an informed decision about both diagnostic and therapeutic plans. These should be based in up-to-date scientific knowledge and clinical judgment. They must also incorporate patient preferences.
- Fellows must be able to develop and complete interdisciplinary patient care management plans.
- Demonstrate an ability to communicate effectively and in a caring and respectful manner with patients and their families.
- Counsel and educate patients and their families

### Medical knowledge

**GOALS** - fellows must demonstrate a mastery of knowledge about both established and evolving sciences including biomedical, clinical, epidemiological and social-behavioral aspects of Geriatrics. They are required to apply this knowledge to the care of the patients.

**Learning Objectives:** Fellows are expected to:

- Know the basic and clinical literature, which provides a supportive framework for the subspecialty of Geriatrics.
- Assess and critically evaluate the current medical literature to develop an evidence based approach to the practice of Geriatrics.



- Apply this knowledge to clinical problem solving and decision-making in the practice of Geriatrics.

## **Practice based learning and improvement**

**GOALS** - Fellows must be able to appraise and assimilate scientific evidence continuously improving their patient care and practice in the field of Geriatrics

**Learning Objectives:** Fellows are expected to:

- Assess their practice experience systematically performing activities, which are practice based to improve their performances.
- Read and use the literature, assimilating scientific evidence based findings into their practice to address their patients' problems and foster their well-being.
- To observe and use information from the database of the cohort of patients they serve as well as the larger population from which the patients are drawn to improve their practice skills in Geriatrics.

## **Interpersonal and communications skills**

**GOALS** - Fellows must be able to demonstrate the ability to effectively communicate with patients and patients' families as well as to exchange information and team-build with colleagues and professional associates.

**Learning Objectives:** Fellows are expected to:

- Use effective listening skills to create and sustain an ethically sound, therapeutic relationship with patients.
- Use both verbal and not-verbal skills in an effective manner to explain, question or provide information to patients regarding Geriatric processes.
- Work effectively as a team leader or member with peers, colleagues and other healthcare professionals to foster better understanding of Geriatrics issues/concerns.

## **Professionalism**

**GOALS** - Fellows must demonstrate a commitment to carry out their professional responsibilities in an ethical manner and with sensitivity to a diverse patient population.

**Learning Objectives:** Fellows are expected to:

- Be aware of the importance of the family or caregiver in managing older patients' care
- Have respect for older persons.
- Be aware of the great heterogeneity of older persons in their homes
- Be aware of the importance of cultural differences in patient decision making
- Be aware of the roles of interdisciplinary team member in home care
- Develop a commitment to ethical principles to guide them in the provision or withholding of clinical care, the confidentiality of patient information, informed consent and business practices.
- Exercise accountability to self and peers, responsibility to profession and contribute to

standard settings.

## **System based practice**

**GOALS** - Fellows must become aware of and responsive to the larger context and system of health care. They must learn how to effectively access system resources to provide optimal care.

**Learning Objectives:** Fellows are expected to:

- Understand the impact of their individual patient care and professional conduct on the health care system and society.
- Be prudent in the use of scarce resources without compromising quality of care.
- Advocate for patients and assist them in dealing with the complexities of the health care system.
- Effectively team with ancillary health care partners and colleagues to provide a seamless approach to the betterment of patient's health.

### **• Teaching methods**

These objectives are addressed as part of the weekly team meetings rounds as well as home visits.

During the Home Care rotation the Geriatrics fellows work within a team that includes physicians, nurse practitioners, nurses, PharmD's and social workers. During weekly meetings, discussion focuses on medical issues, psychosocial needs, patient and provider referral for supportive services, and education. When applicable, ethical issues related to patients' care are discussed. Another consideration is the decision to treat in the terminally ill patient. The Geriatrics fellow is taught to consider the desires and needs of the patient and the patient's family. The fellow is taught to ascertain whether the patient or family has signed a Living Will or Durable Power of Attorney and to follow these directions. Trainees in the subspecialty of Geriatrics are instructed in the psychosocial and economic aspects of medicine as well as ethical issues relative to the subspecialty.

Liaison with some health care agencies and instruction for follow-up care is a part of these meetings. Fellows are expected to develop cordial and collegial relationships with nursing and other ancillary staff.

Hines VA Hospital offers Internet access to a wealth of medical literature resources including full text journals and medical textbooks. Fellows are expected to use evidenced based medical knowledge and use critical analyses of the literature in the field of Geriatrics.

Fellow-team interactions are monitored by the Geriatric attending and recorded on the Geriatric fellow evaluation form.

### **• Mix of diseases and issues**

- Patient suitability for care in the home and appropriate patients for physician home visits
- Functional assessment in the home
- Elements of home safety assessment
- Physician's role in terminal care in the home, including symptom management and grief
- Physician's responsibilities and approach to elder abuse and neglect

- Medication use and compliance issues in older persons
- Appropriate use, availability, costs and reimbursement sources for community services (e.g., senior centers, meal programs, adult day care, visiting nurses and other personnel, hospice, respite)
- Nutritional assessment in the home; management of tube feedings in the home
- Assessment and management of immobility, pressure ulcers, and chronic urinary catheters
- Components of a home visit
- Organizational and administrative aspects of home care

- **Reading list –see attached – Appendix R**

- **Evaluation**

Each fellow is evaluated quarterly with regard to the ACGME competencies by the appropriate attending. Fellows (fellows) meet with their attending to review these quarterly evaluations. Formal review is given twice per year by the Program Director.

#### OUTCOME ASSESSMENT

The Patient Care competencies will be assessed using the following tools:

- Quarterly Attending Evaluation Forms
- Semi-annual review/evaluation sessions with the Program
- Director using the ACGME Competencies based evaluation forms
- Annual ABIM evaluation Forms by the Program Director
- Self-Assessment form (Appendix I)
- 360 degree evaluation

The Medical Knowledge competencies will be assessed using the following tools:

- Quarterly Attending Evaluation Forms
- Semi-annual review/evaluation sessions with the Program Director using the ACGME Competencies based evaluation forms
- Annual ABIM evaluation Forms by the Program Director

The Practice-Based Learning and Improvement competency will be assessed using the following tools:

- Fellow's self-evaluation form. (Appendix I)
- Chart review of selected sample charts of Fellow's practice

The Interpersonal and Communication skills competency will be assessed using the following tools:

- Fellows' self-evaluation form. (Appendix I)
- Weekly observation by Geriatric attending staff as reflected in the monthly ABIM Evaluation form
- Formal evaluation by the Program Director twice a year
- 360 Degree Evaluation

The Professionalism competency will be assessed using the following tools:

- 360 degree evaluation form (Appendix L)
- Quarterly attending evaluation

The following tools will assess the System-Based Practice competency:

- Chart Review
- Quarterly reviews by attending staff.

- **Home Care Setting**

Hospital Based Primary Care (HBPC) is a special VA program in which a team of health professionals gives primary care to housebound veterans. The team consists of physicians, nurse practitioners, registered nurses, social worker, dietitian, physical therapist, and health technician.

The fellows make home visits with nurse/nurse practitioners and participate in weekly care planning conferences. The fellows spend one day per week in this experience for three months and is assigned to a panel of patients (one team).

- **Supervision**

The ultimate responsibility for medical care of patients followed by Home Care Service rests on Geriatrics Attendings who are available 24hours each day, seven days each week. It is understood that the fellows are to be familiar with each patient followed by the team. As fellows progress through the program their independence from attending supervision will grow and be adjusted to their level of individual expertise.

# Hospice Care

Fellows spend about half time for six weeks in our 20 beds Hospice unit in ECC, at Hines VA Hospital.

The **GOALS** of your Hospice rotation are to master the::

- Ability to elicit patient's preferences, including advance directives, to incorporate these preferences into medical decision-making, and to assist in resolution when these preferences conflict with those of the family or others.
- Ability to consult appropriately and communicate effectively with other geriatric team members in the hospice care setting.
- Ability to provide end of life care

## • Educational content by competency

### Patient care

**GOALS** – fellows must be able to provide patient care that is compassionate, appropriate, and effective for symptom control, treatment of pain and palliative care

**Learning Objectives:** Fellows are expected to:

- Efficiently evaluate and manage pain in the palliative care patient
- Efficiently evaluate and manage end of life symptoms such as dyspnea, increased secretions and fever
- Understand the importance of the multidisciplinary team approach to provide quality care and to maintain optimal physical, social and emotional well-being of patients and their families during the end of life period
- Understand and demonstrate the importance of good communication during multidisciplinary team meetings
- Make an informed decision about both diagnostic and therapeutic plans. These should be based on up-to-date scientific knowledge and clinical judgment. They must incorporate patient preferences.
- Fellows must be able to develop and complete interdisciplinary patient care management plans and demonstrate an ability to communicate effectively and in a caring and respectful manner with patients and their families.
- Use a hospice/palliative care approach to End of Life issues

### Medical knowledge

**GOALS** - fellows must demonstrate a mastery of knowledge about caring for dying people and their families

**Learning Objectives:** Fellows are expected to:

- Efficiently evaluate and manage pain in the palliative care patient
- Efficiently evaluate and manage end of life symptoms such as dyspnea, increased

- secretions and fever
- Demonstrate knowledge about treatment of physical, emotional, and spiritual needs of terminally ill patients
- Know the criteria for hospice care
- Provide the best quality of life by focusing on pain control and symptom management
- Be able to safely and effectively use the opioids, know how to convert from one agent to another
- Be able to manage non pain symptoms such as constipation, nausea, dyspnea
- Honor patient's care choices at end of life

## **Practice based learning and improvement**

**GOALS** - Fellows must be able to appraise and assimilate scientific evidence continuously improving their patient care

**Learning Objectives:** Fellows are expected to:

- Assess their practice experience systematically performing activities, which are practice based to improve their performances.
- Read and use the literature, assimilating scientific evidence based findings into their practice to address their patients' problems and foster their comfort.
- Manage information using information technology to foster his or her education in Hospice care.
- Facilitate the training of students and other health care professionals in the principles and practice of Hospice

## **Interpersonal and communications skills**

**GOALS** - Fellows must be able to demonstrate the ability to effectively communicate with patients and patients' families as well as to exchange information and team-build with colleagues and professional associates.

**Learning Objectives:** Fellows are expected to:

- Understand and demonstrate the importance of good communication during multidisciplinary team meetings
- Use effective listening skills to create and sustain an ethically sound relationship with patients.
- Use both verbal and not-verbal skills in an effective manner to explain, question or provide information to patients regarding the dying process.
- Know how to talk with patient and their families about End of Life issues
- Work effectively as a team leader or member with peers, colleagues and other healthcare professionals to foster better understanding of Hospice Care issues/concerns.

## **Professionalism**

**GOALS** - Fellows must demonstrate a commitment to carry out their professional responsibilities in an ethical manner and with sensitivity to a terminally ill patient.

**Learning Objectives:** Fellows are expected to:

- Demonstrate empathy, integrity and respect for patients. They also must display a commitment to principles that supersedes their self-interest and serves the needs of patients.
- Develop a commitment to ethical principles to guide them in the provision or withholding of critical care, the confidentiality of patient information.
- Demonstrate sensitivity and responsiveness to patients' age, gender, culture, and disabilities.

## **System based practice**

**GOALS** - Fellows must become aware of and responsive to the larger context and system of health care. They must learn how to effectively access system resources to provide optimal care.

**Learning Objectives:** Fellows are expected to:

- Understand the impact of their individual patient care and professional conduct on the health care system and society.
- Be prudent in the use of scarce resources without compromising quality of care.
- Advocate for patients and assist them in dealing with the complexities of the health care system.
- Effectively team with ancillary health care partners and colleagues to provide a seamless approach to the betterment of patient's health.

## ● **Teaching methods**

These objectives are addressed as part of the daily clinical rounds. During the Hospice rotation the Geriatrics fellows work within a team that includes physicians, nurse practitioners, nurses, Pharm D's and social workers. During daily rounds, discussion focuses on comfort issues, psychosocial needs, and patient and provider referral for supportive services.

A more pressing ethical consideration is the decision to treat in the terminally ill patient. The Geriatric fellow is taught to consider the desires and needs of the patient and the patient's family. The fellow is taught to ascertain whether the patient or family has signed a Living Will or Durable Power of Attorney and to follow these directions.

Patient-fellow interactions are monitored by the Geriatric attending and recorded on the Geriatric fellow evaluation form. On numerous occasions, fellows are observed taking histories, performing physical exams and discussing their recommendations with the patients and their families. Attending faculty member assesses the fellow's diagnostic and therapeutic reasoning and skills in presentation of their management plan.

## ● **Mix of diseases and issues**

- Techniques of terminal care, including pain control and other symptom control measures.
- Awareness of the benefits as well as limits of medical intervention for individual older patients.
- Respect for the diverse values, cultural heritage, and priorities of older persons.
- Understanding of the importance of palliative care in terminal illness.

- Appreciation of the importance of health care professionals and caregivers in delivering high quality care to terminally ill elders.

- **Reading list –see attached – Appendix R**

- **Evaluation**

Each fellow is evaluated quarterly with regard to the ACGME competencies by the appropriate attending. Fellows meet with their attending to review these quarterly evaluations. Formal review is given twice per year by the Program Director.

#### OUTCOME ASSESSMENT

The Patient Care competency will be assessed using the following tools:

- Quarterly Attending Evaluation Forms
- Semi-annual review/evaluation sessions with the Program Director using the ACGME Competencies based evaluation forms
- Annual ABIM evaluation Forms by the Program Director
- Self-Assessment form (Appendix I)

The Medical Knowledge competencies will be assessed using the following tools:

- Quarterly Attending Evaluation Forms
- Semi-annual review/evaluation sessions with the Program Director using the ACGME Competencies based evaluation forms
- Annual ABIM evaluation Forms by the Program Director

The Practice-Based Learning and Improvement competency will be assessed using the following tools:

- Fellow's self-evaluation form. (Appendix I)
- Chart review of selected sample charts of Fellow's practice

The Interpersonal and Communication skills competency will be assessed using the following tools:

- Fellows' self-evaluation form. (Appendix I)
- Daily observation by Geriatric attending staff as reflected in the monthly ABIM Evaluation form
- Formal evaluation by the Program Director twice a year
- Physician Peer Assessment (Appendix J )
- 360 Degree Evaluation

The Professionalism competency will be assessed using the following tools:

- 360 degree evaluation form (Appendix L)
- Quarterly attending evaluation
- Participation in the teaching sessions for junior house-officers and students.
- Physician Peer Assessment (Appendix J)



The following tools will assess the System-Based Practice competency:

- Chart Review
- Quarterly reviews by attending staff.

- **Hospice Setting**

Fellows spend about half time for six weeks in our 20 beds Hospice unit in ECC, at Hines VA Hospital.

Each fellow is responsible for the care of patients admitted to these beds under the supervision of faculty. He or she performs initial evaluations on new residents (i.e., patients), makes routine visits, and evaluates new problems that arise. He or she participates in or leads the regular care planning conferences.

Fellows also review selected topics in Hospice care with the attending. These topics include the EPEC curriculum.

- **Supervision**

The ultimate responsibility for medical care of patients followed by Hospice team rests on Geriatric Attendings who are available 24 hours each day, seven days each week. It is understood that the fellows are to be familiar with each patient on service.

As fellows mature they will be given more discretionary latitude in patient management. As fellows progress through the program their independence from attending supervision will grow and be adjusted to their level of individual expertise.

# GEROPSYCHIATRY

During this rotation fellows spend half time for six weeks at Chicago West Side VA Medical Center under the supervision of N. Durai, M.D.

The **GOALS** of your rotation in Geropsychiatry are to master:

- Diagnostic skill through interviewing and psychosocial assessment for differential diagnosis formulation
- Treatment skill through pharmacotherapy, supportive counseling, family counseling, and knowledge when to refer for implementation of treatment
- Administrative skills through multidisciplinary team leadership

## • Educational content by competency

### Patient care

**GOALS-** fellows must be able to provide comprehensive, appropriate, effective and compassionate care to patients directed toward the treatment of Geriatrics problems and the promotion of health.

**Learning Objectives:** Fellows are expected to:

- Understand geriatric psychiatric disorders and their treatment
- Understand disorders of cognition – dementia syndromes and delirium
- Recognize the interplay between medical and psychiatry disorders
- Become proficient in the mental status examination of older adults
- Understand the principles of neuropsychiatric testing and observe neuropsychiatric testing
- Communicate effectively and demonstrate caring and respectful behaviors when interacting with patients and their families
- Gather essential and accurate information about their patients
- Develop and carry out patient management plans
- Counsel and educate patients and their families
- Work with health care professionals, including those from other disciplines, to provide patient-focused care

### Medical knowledge

**GOALS** - fellows must demonstrate a mastery of knowledge about both established and evaluating sciences including biomedical, clinical, epidemiological and social-behavioral aspects of Geriatrics. They are required to apply this knowledge to the care of the patients.

**Learning Objectives:** Fellows are expected to:

- Understand geriatric psychiatric disorders and their treatment
- Understand disorders of cognition – dementia syndromes and delirium
- Demonstrate analytical thinking in their approach to clinical instruction.
- Know the basic and clinical literature, which provides a supportive framework for the

## **Practice based learning improvement**

**GOALS** - fellows must be able to investigate and evaluate their patient care practices, appraise and assimilate scientific evidence, and improve their patient care practices.

**Learning Objectives:** Fellows are expected to:

- Locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems
- Obtain and use information about their own population of patients and the larger population from which their patients are drawn
- Apply knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness
- Use information technology to manage information, access on-line medical information; and support their own education

## **Interpersonal and communications skills**

**GOALS** - fellows must be able to demonstrate the ability to effectively communicate with patients and patients' families as well as to exchange information and team-build with colleagues and professional associates.

**Learning Objectives:** Fellows are expected to:

- Attend the interdisciplinary case meeting weekly with the attending psychiatrist, nursing, recreational therapy, and social work
- Use effective listening skills to create and sustain an ethically sound, therapeutic relationship with patients.
- Use both verbal and not-verbal skills in an effective manner to explain, question or provide information to patients regarding Geriatric psychiatry processes.
- Work effectively as a team leader or member with peers, colleagues and other healthcare professionals to foster better understanding of Geriatric Psychiatry issues/concerns, etc.

## **Professionalism**

**GOALS** - fellows must demonstrate a commitment to carry out their professional responsibilities in an ethical manner and with sensitivity to a diverse patient population.

**Learning Objectives:** Fellows are expected to:

- Attend the interdisciplinary case meeting weekly with the attending psychiatrist, nursing, recreational therapy, and social work
- Demonstrate empathy, integrity and respect for patients. They also must display a commitment to principals that supersedes their self-interest and serves the needs of patients, their profession and society.
- Develop a commitment to ethical principles to guide them in the provision of confidentiality of patient information, informed consent and business practices.
- Demonstrate sensitivity and responsiveness to patients' age, gender, culture, and

- disabilities.
- Exercise accountability to self and peers, responsibility to profession and contribute to standard settings.

## **System based practice**

**GOALS** - fellows must become aware of and responsive to the larger context and system of health care. They must learn how to effectively access system resources to provide optimal care.

**Learning Objectives:** Fellows are expected to:

- Attend the interdisciplinary case meeting weekly with the attending psychiatrist, nursing, recreational therapy, and social work
- Understand the impact of their individual patient care and professional conduct on the health care system and society.
- Advocate for patients and assist them in dealing with the complexities of the health care system.
- Effectively team with ancillary health care partners and colleagues to provide a seamless approach to the betterment of patient's health.

## • **Teaching methods**

During this rotation fellows spend half time for six weeks at Chicago West Side VA Medical Center under the supervision of N. Durai, M.D. The Geriatric Psychiatry team at this facility is an integral part of the Primary Care Team and is co-located in the Primary Care Clinics. All patients above the age of 65 are reviewed for common psychiatric and substance abuse problems.

Fellows also interact with psychiatric consultants in the ECC, acute care setting, and outpatient clinics and in the community nursing homes.

## • **Mix of diseases and issues**

- Major neuropsychiatric illness of late life, e.g. dementia, affective disorders, psychotic disorders, anxiety disorders, delirium, life adjustment, substance abuse, and bereavement
- Social and health networks: general medical sector, state mental health system, social service agencies, and long term care facilities
- Multidisciplinary teamwork providing leadership and teaching skills
- Legal and forensic issues for competency, guardianship, and advance directives
- Awareness of ageism – the ways in which stereotypical prejudices about older persons may affect their medical care, including decisions about using sophisticated technologies
- Awareness of the benefits as well as limits of medical intervention for individual older patients
- Respect for the diverse values, cultural heritage and priorities of older persons
- Appreciation of the importance of other health professions

## • **Reading list – see attached – Appendix R**

## • **Evaluation**

Each fellow is evaluated quarterly with regard to the ACGME competencies by the attending, Dr. Durai. Fellows (fellows) meet with their attending to review these quarterly evaluations. Formal review is given twice per year by the Program Director.

### OUTCOME ASSESSMENT

The Patient Care competencies will be assessed using the following tools:

- Quarterly Attending Evaluation Forms
- Semi-annual review/evaluation sessions with the Program Director using the ACGME Competencies based evaluation forms
- Annual ABIM evaluation Forms by the Program Director
- Self-Assessment form (Appendix I)

The Medical Knowledge competencies will be assessed using the following tools:

- Quarterly Attending Evaluation Forms
- Semi-annual review/evaluation sessions with the Program Director using the ACGME Competencies based evaluation forms
- Annual ABIM evaluation Forms by the Program Director

The Practice-Based Learning and Improvement competency will be assessed using the following tools:

- Fellow's self-evaluation form. (Appendix I)
- Chart review of selected sample charts of Fellow's practice

The Interpersonal and Communication skills competency will be assessed using the following tools:

- Fellows' self-evaluation form. (Appendix I)
- Daily observation by Geriatric Psychiatry attending as reflected in the monthly ABIM Evaluation form
- Formal evaluation by the Program Director twice a year
- Physician Peer Assessment (Appendix J)

The Professionalism competency will be assessed using the following tools:

- 360 degree evaluation form (Appendix L)
- Quarterly attending evaluation
- Patient evaluation of the fellow
- Physician Peer Assessment (Appendix J)

The following tools will assess the System-Based Practice competency:

- Chart Review
- Quarterly reviews by the attending .

- **Geropsychiatry Setting**

During this rotation fellows spend half time for six weeks at Chicago West Side VA Medical Center under the supervision of N. Durai, M.D. The Geriatric Psychiatry team at this facility is an integral part of the Primary Care Team and is collocated in the Primary Care Clinics. All patients above the age of 65 are reviewed for common psychiatric and substance abuse problems. Fellows also interact with psychiatric consultants in the ECC and in the community nursing homes.

- **Supervision**

The ultimate responsibility for medical care of patients followed in geriatric psychiatric clinic rests on Dr. Durai who is available and present in the clinic during the whole time fellows are there. As fellows mature they are given more discretionary latitude in patient management.

# REHABILITATION

Fellows spend about half time for six weeks with the Rehabilitation Medicine Service at Hines.

The **GOALS** of your rotation in Rehabilitation are to master the:

- Ability to assess functional status and to anticipate and recognize the early loss of function
- Treatment skill through exercise, functional activities, use of physical medicine modalities, assistive devices, environmental modifications

## • Educational content by competency

### Patient care

**GOALS** - fellows must be able to provide comprehensive, appropriate, effective and compassionate care to patients directed toward the treatment of patients with disabilities problems and the promotion of health

**Learning Objectives:** Fellows are expected to:

- Gather essential and accurate information about their patients
- Make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence, and clinical judgment
- Develop and carry out patient management plans
- Counsel and educate patients and their families
- Use information technology to support patient care decisions and patient education
- Work with health care professionals, including those from other disciplines, to provide patient-focused care

### Medical knowledge

**GOALS** - fellows must demonstrate a mastery of knowledge about both established and evaluating sciences including biomedical, clinical, epidemiological and social-behavioral aspects of Geriatrics. They are required to apply this knowledge to the care of the patients.

**Learning Objectives:** Fellows are expected to:

- Demonstrate analytical thinking in their approach to clinical instruction.
- Know the basic and clinical literature, which provides a supportive framework for the subspecialty of physical therapy and rehabilitation

### Practice based learning improvement

**GOALS** - fellows must be able to investigate and evaluate their patient care practices, appraise and assimilate scientific evidence, and improve their patient care practices.

**Learning Objectives:** Fellows are expected to:

- Locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems
- Use information technology to manage information, access on-line medical information; and support their own education

## **Interpersonal and communications skills**

**GOALS** - fellows must be able to demonstrate the ability to effectively communicate with patients and patients' families as well as to exchange information and team-build with colleagues and professional associates.

**Learning Objectives:** Fellows are expected to:

- Use effective listening skills to create and sustain an ethically sound, therapeutic relationship with patients.
- Use both verbal and not-verbal skills in an effective manner to explain, question or provide information to patients regarding improvement in functional status.
- Work effectively as a team leader or member with peers, colleagues and other healthcare professionals to foster better understanding of Geriatric Psychiatry issues/concerns, etc.

## **Professionalism**

**GOALS:** fellows must demonstrate a commitment to carry out their professional responsibilities in an ethical manner and with sensitivity to a diverse patient population.

**Learning Objectives:** Fellows are expected to:

- Demonstrate empathy, integrity and respect for patients. They also must display a commitment to principals that supersedes their self-interest and serves the needs of patients, their profession and society.
- Develop a commitment to ethical principles to guide them in the provision of confidentiality of patient information, informed consent and business practices.
- Demonstrate sensitivity and responsiveness to patients' age, gender, culture, and disabilities.
- Exercise accountability to self and peers, responsibility to profession and contribute to standard settings.

## **System based practice**

**GOALS:** fellows must become aware of and responsive to the larger context and system of health care. They must learn how to effectively access system resources to provide optimal care.

**Learning Objectives:** Fellows are expected to:

- Understand the impact of their individual patient care and professional conduct on the health care system and society.
- Advocate for patients and assist them in dealing with the complexities of the health care system.
- Effectively team with ancillary health care partners and colleagues to provide a seamless approach to the betterment of patient's health.



- **Teaching methods**

Fellows spend about half time for six weeks with the Rehabilitation Medicine Service at Hines. During this rotation they spend about 60% of their time on inpatient consult service and about 40% in an outpatient setting. Here fellows receive an introduction to all rehabilitation services and modalities (PT, OT, prosthetics, orthotics, speech therapy, blind rehabilitation, cardiac rehabilitation, driver's evaluation, etc.). They also discuss selected topics in geriatric rehabilitation with the physiatrist. These topics include pain, gait disorders, rehabilitation post stroke or amputation, shoulder disorders, etc.

- **Mix of diseases and issues**

- General principles of geriatric rehabilitation, including those applicable to patients with orthopedic, rheumatologic, cardiac and neurological impairments
- The use of different physical medicine modalities, exercise, functional activities and assistive devices, environmental modification
- Patient and family education, psychosocial and recreational counseling
- Awareness of the benefits as well as limits of medical intervention for individual older patients
- Respect for the diverse values, cultural heritage and priorities of older persons
- Appreciation of the importance of other health professions and of caregivers in delivering high quality care to elderly patients with functional impairments

- **Reading list – see attached - – Appendix R**

- **Evaluation**

Each fellow is evaluated quarterly with regard to the ACGME competencies by the attending. Fellows (fellows) meet with their attending to review these quarterly evaluations. Formal review is given twice per year by the Program Director.

## **OUTCOME ASSESSMENT**

The Patient Care competencies will be assessed using the following tools:

- Quarterly Attending Evaluation Forms
- Semi-annual review/evaluation sessions with the Program Director using the ACGME Competencies based evaluation forms
- Annual ABIM evaluation Forms by the Program Director
- Self-Assessment form (Appendix I)

The Medical Knowledge competencies will be assessed using the following tools:

- Quarterly Attending Evaluation Forms
- Semi-annual review/evaluation sessions with the Program Director using the ACGME Competencies based evaluation forms
- Annual ABIM evaluation Forms by the Program Director

The Practice-Based Learning and Improvement competency will be assessed using the following tools:

- Fellow's self-evaluation form. (Appendix I)
- Chart review of selected sample charts of Fellow's practice

The Interpersonal and Communication skills competency will be assessed using following tools:

- Fellows' self-evaluation form. (Appendix I)
- Daily observation by Geriatric PM&R attending as reflected in the monthly ABIM Evaluation form
- Formal evaluation by the Program Director twice a year
- Physician Peer Assessment (Appendix J )

The Professionalism competency will be assessed using the following tools:

- 360 degree evaluation form (Appendix L)
- Quarterly attending evaluation
- Patient evaluation of the fellow
- Physician Peer Assessment (Appendix J)

The following tools will assess the System-Based Practice competency:

- Chart Review
- Quarterly reviews by the attending.

## • **Supervision**

The ultimate responsibility for medical care of patients followed during the PM&R rotation rests on the physiatrist assigned to work with the fellow. This attending is available and present in the hospital during the whole time the fellows are assigned to this rotation.

# OUTPATIENT CLINICS

Each fellow is assigned to a continuity clinic for 12 months and in addition spends six month in a different clinic (VA or Community) than the longitudinal assignment

The **GOALS** of your Outpatient Clinic rotation are to master the:

- Ability to communicate effectively with the patient's family and caregivers
- Ability to selectively and appropriately order community services for patients at home
- Aspects of preventive medicine, including nutrition, oral health, exercise, screening, immunization and chemoprophylaxis against disease. Instruction about and experience with community resources dedicated to these activities
- Geriatric assessment, including medical, affective, cognitive, functional status, social support, economic, environmental aspects related to health, activities of daily living (ADL); the instrumental activities of daily living (IADL); appropriate use of the history, physical, mental and laboratory examinations
- Appropriate interdisciplinary coordination of actions of multiple health professionals, including physicians, nurses, social workers, dietitians, and rehabilitation experts, in the assessment and implementation of treatment
- Diagnosis and management of patients of patients with multiple chronic illnesses and functional disabilities
- Telephone management of patient care problems
- The economic aspects of supporting services, including Title III of the Older Americans Act, Medicare, Medicaid, capitation, and cost containment
- The pivotal role of the family in caring for may elderly and the community resources (formal support system) required to support both patient and family
- Cultural aspects of aging, including knowledge about demographics, health care status of older persons of diverse ethnicities, access to health care, cross-cultural assessment, and use of an interpreter in clinical care. Issues of ethnicity in long-term care, patient education, special issues relating to urban and rural older persons of various ethnic backgrounds should be covered

## ● Educational content by competency

### Patient care

**GOALS** – fellows must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

**Learning Objectives:** Fellows are expected to:

- Efficiently evaluate and manage common ambulatory care problems in adults
- Provide care for a continuity panel of well and ill elderly patients
- Provide preventive care for older adults including administration of immunizations
- Develop approaches to treating and managing chronic disease and concomitant functional limitations
- Perform comprehensive adult physical exams

- Demonstrate improved time management skills by providing timely care to an increasing number of patients over the year
- Identify community, healthcare, and family resources for frail elderly who wish to remain at home
- Gather essential and accurate information about their patients including but not limited to the aging process and geriatric syndromes.
- Make an informed decision about both diagnostic and therapeutic plans. These should be based in up-to-date scientific knowledge and clinical judgment. They must also incorporate patient preferences.
- Fellows must be able to develop and complete interdisciplinary patient care management plans.
- Demonstrate an ability to communicate effectively and in a caring and respectful manner with patients and their families.
- Counsel and educate patients and their families
- Use information technology to support patient care decisions and patient education
- Perform competently all medical and invasive procedures considered essential for the area of practice
- Provide health care services aimed at preventing health problems or maintaining health
- Work with health care professionals, including those from other disciplines, to provide patient-focused care

## **Medical knowledge**

**GOALS** - fellows must demonstrate a mastery of knowledge about both established and evaluating sciences including biomedical, clinical, epidemiological and social-behavioral aspects of Geriatrics. They are required to apply this knowledge to the care of the patients.

**Learning Objectives:** Fellows are expected to:

- Efficiently evaluate and manage common ambulatory care problems in adults
- Provide care for a continuity panel of well and ill elderly patients
- Provide preventive care for older adults including administration of immunizations
- Demonstrate analytical thinking in their approach to clinical instruction.
- Know the basic and clinical literature, which provides a supportive framework for the subspecialty of Geriatrics.
- Assess and critically evaluate the current medical literature to develop an evidence based approach to the practice of Geriatrics.
- Apply this knowledge to clinical problem solving and decision-making in the practice of Geriatrics.
- Use the available information technology to support patient education and patient care decision

## **Practice based learning and improvement**

**GOALS** - Fellows must be able to appraise and assimilate scientific evidence continuously improving their patient care and practice in the field of Geriatrics

**Learning Objectives:** Fellows are expected to:

- Demonstrate improved time management skills by providing timely care to an increasing

- number of patients over the year
- Assess their practice experience systematically performing activities, which are practice based to improve their performances.
- Read and use the literature, assimilating scientific evidence based findings into their practice to address their patients' problems and foster their well-being.
- To observe and use information from the database of the cohort of patients they serve as well as the larger population from which the patients are drawn to improve their practice skills in Geriatrics.
- Apply their knowledge of study designs and statistics to the Geriatric clinical literature.
- Manage information using information technology to foster their own education in Geriatrics
- Facilitate the training of students and other health care professionals in the principles and practice of Geriatrics

## **Interpersonal and communications skills**

**GOALS** - Fellows must be able to demonstrate the ability to effectively communicate with patients and patients' families as well as to exchange information and team-build with colleagues and professional associates.

**Learning Objectives:** Fellows are expected to:

- Use effective listening skills to create and sustain an ethically sound, therapeutic relationship with patients.
- Use both verbal and not-verbal skills in an effective manner to explain, question or provide information to patients regarding Geriatric processes.
- Work effectively as a team leader or member with peers, colleagues and other healthcare professionals to foster better understanding of Geriatrics issues/concerns.

## **Professionalism**

**GOALS** - Fellows must demonstrate a commitment to carry out their professional responsibilities in an ethical manner and with sensitivity to a diverse patient population.

**Learning Objectives:** Fellows are expected to:

- Work with office staff in professional manner that facilitates efficient patient care
- Demonstrate empathy, integrity and respect for patients. They also must display a commitment to principals that supersedes their self-interest and serves the needs of patients, their profession and society.
- Develop a commitment to ethical principles to guide them in the provision or withholding of clinical care, the confidentiality of patient information, informed consent and business practices.
- Demonstrate sensitivity and responsiveness to patients' age, gender, culture, and disabilities.
- Exercise accountability to self and peers, responsibility to profession and contribute to standard settings.

## **System based practice**

**GOALS** - Fellows must become aware of and responsive to the larger context and system of health care. They must learn how to effectively access system resources to provide optimal care.

**Learning Objectives:** Fellows are expected to:

- Work with office staff in professional manner that facilitates efficient patient care
- Identify community, healthcare, and family resources for frail elderly who wish to remain at home
- Understand the impact of their individual patient care and professional conduct on the health care system and society.
- Be prudent in the use of scarce resources without compromising quality of care.
- Advocate for patients and assist them in dealing with the complexities of the health care system.
- Effectively team with ancillary health care partners and colleagues to provide a seamless approach to the betterment of patient's health.

## • **Teaching methods**

These objectives are addressed as part of the weekly outpatient clinic assignments.

During this time the fellows work within a team that includes physicians, nurses, nurse's aides, Pharm. D's and social workers. Discussion with the Attendings, who are present during then whole time the clinics meet, focuses on medical issues, psychosocial needs, patient and provider referral for supportive services, and education and future planning.

A Geriatric differential diagnosis and treatment plan are formulated. References from the literature are researched or suggested. Liaison with some health care agencies and instruction for follow-up care is a part of these plans. Fellows are expected to develop cordial and collegial relationships with nursing and other ancillary staff.

All institutions offer Internet access to a wealth of medical literature resources including full text journals and medical textbooks. Fellows are expected to use evidenced based medical knowledge and use critical analyses of the literature in the field of Geriatrics. They are encouraged to search for direct applicability of research to the clinical setting. A critical appraisal of the case management including diagnostic evaluation, implementation of therapeutic measures and outcome is always discussed when applicable, ethical issues related to patients' care is discussed.

Patient-fellow interactions are monitored by the Geriatric attending and recorded on the Geriatric fellow evaluation form. On numerous occasions, fellows are observed taking histories, performing physical exams and discussing their findings with the patients and their families. Attending faculty member assesses the fellow's diagnostic and therapeutic reasoning and skills in presentation of their management plan.

Trainees in the subspecialty of Geriatrics are instructed in the psychosocial and economic aspects of medicine as well as ethical issues relative to the subspecialty. Fellows act as a primary care provider and, as such, advise and direct therapy with the best interest of the patient in mind. Whenever possible, the Geriatric fellow will discuss alternatives to nursing home placement, e.g. outpatient care, HBPC, Adult Day Care Center, respite programs.

A more pressing ethical consideration is the decision to treat in the terminally ill patient. The Geriatric fellow is taught to consider the desires and needs of the patient and the patient's family.

The fellow is taught to ascertain whether the patient or family has signed a Living Will or Durable Power of Attorney and to follow these directions.

- **Mix of diseases and issues**

- Age-related changes in the presentation of illnesses: non-specific presentation of acute illness, particularly in urosepsis, pneumonia, myocardial infarction, and acute abdomen.
- Detection and management of geriatric syndromes: e.g. delirium, polypharmacy, immobility and pressure sores, malnutrition and dementia.
- Evaluation and management of common medical problems, particularly when co-existing, in older adults, with particular attention to functional outcomes, quality of life, conflicting priorities in patients with co-morbid illnesses, and age-related physiologic changes that alter response to treatment.
- Age-related changes in pharmacokinetics and pharmacodynamics, and drug-induced illness.
- Pre-operative assessment and peri-operative care of older persons.
- Age related changes in laboratory and other function tests
- Techniques of terminal care, including pain control and other symptom control measures.
- Cost and funding sources for outpatient care services for older persons
- Awareness of ageism-the ways in which stereotypical prejudices about older persons may affect their medical care, including decisions about using sophisticated technologies.
- Awareness of the benefits as well as limits of medical intervention for individual older patients.
- Understanding that improvement of function is as important a medical goal as are disease-specific therapies.
- Respect for the diverse values, cultural heritage, and priorities of older persons.
- Understanding of the importance of palliative care in terminal illness.
- Appreciation of the importance of their health care professionals and of their caregivers in delivering high quality care to acutely ill elders.
- Physician 's responsibility and approach to elderly abuse and neglect

- **Reading list –see attached - – Appendix R**

- **Evaluation**

Each fellow is evaluated quarterly with regard to the ACGME competencies by the appropriate attending. Fellows (fellows) meet with their attending to review these quarterly evaluations. Formal review is given twice per year by the Program Director.

## **OUTCOME ASSESSMENT**

The Patient Care competency will be assessed using the following tools:

- Quarterly Attending Evaluation
- Semi-annual review/evaluation sessions with the Program Director using the ACGME Competencies based evaluation forms
- Annual ABIM evaluation Forms by the Program Director
- Self–Assessment form (Appendix I)
- Patient evaluation of the fellow

The Medical Knowledge competencies will be assessed using the following tools:

- Quarterly Attending Evaluation Forms
- Semi-annual review/evaluation sessions with the Program Director using the ACGME Competencies based evaluation forms
- Annual ABIM evaluation Forms by the Program Director

The Practice-Based Learning and Improvement competency will be assessed using the following tools:

- Fellow's self-evaluation form. (Appendix I)
- Chart review of selected sample charts of Fellow's practice

The Interpersonal and Communication skills competency will be assessed using the following tools:

- Fellows' self-evaluation form. (Appendix I)
- Daily observation by Geriatric attending staff as reflected in the monthly ABIM Evaluation form
- Formal evaluation by the Program Director twice a year
- Physician Peer Assessment (Appendix J)
- 360 Degree Evaluation
- Patient evaluation of the fellow

The Professionalism competency will be assessed using the following tools:

- 360 degree evaluation form (Appendix L)
- Quarterly attending evaluation
- Patient evaluation of the fellow
- Physician Peer Assessment (Appendix J)

The following tools will assess the System-based Practice competency:

- Chart Review
- Quarterly reviews by attending staff.

## • **Supervision**

The ultimate responsibility for medical care of patients followed in the outpatient clinics rests on Geriatrics Attendings who are available 24h/day, seven days/week. Fellows are the primary care providers for a panel of patients. Together with nurses and social workers, they coordinate all the team efforts and the management plans are discussed with the attending for approval and feedback. All consults and new patients are discussed and seen with the attending. As fellows mature they are given more discretionary latitude in patient management. As fellows progress through the program their independence from attending supervision will grow and be adjusted to their level of individual expertise.



# GERIATRIC NEUROLOGY

Fellows spend one half-day per week for four weeks in the Neurology Movement Disorders/Cognitive Impairment Clinic at Hines VA Hospital. In this setting they work with neurology attending in assessing and treating geriatric patients with dementia and movement disorders.

The **GOALS** of your Neurology clinic rotation are to master the:

- Ability to diagnose, treat and manage common neurological problems in the elderly including, but not limited to, cognitive impairment, depression, falls, dysthermias, sensory impairment, Parkinson's disease and stroke treatment and prevention.
- Pharmacologic alterations associated with aging, including changes in pharmacokinetics, pharmacodynamics, drug interactions, overmedication and issues regarding compliance.
- General principles of geriatric rehabilitation, including those applicable to patients with neurological impairments.

## • Educational content by competency

### Patient care

**GOALS** – fellows must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

**Learning Objectives:** Fellows are expected to:

- Gather essential and accurate information about their patients including but not limited to neurological examination.
- Make an informed decision about both diagnostic and therapeutic plans. These should be based on up-to-date scientific knowledge and clinical judgment. They must also incorporate patient preferences. Fellows must be able to develop and complete interdisciplinary patient care management plans. Demonstrate an ability to communicate effectively and in a caring and respectful manner with patients and their families.

### Medical knowledge

**GOALS** - fellows must demonstrate a mastery of knowledge about both established and evolving sciences including biomedical, clinical, epidemiological and social-behavioral aspects of neurology. They are required to apply this knowledge to the care of the patients.

**Learning Objectives:** Fellows are expected to:

- Demonstrate analytical thinking in their approach to clinical instruction.
- Know the basic and clinical literature, which provides a supportive framework for the subspecialty of Neurology.
- Assess and critically evaluate the current medical literature to develop an evidence-based approach to the practice of neurology.
- Apply this knowledge to clinical problem solving and decision-making in the practice of Neurology.
- Use the available information technology to support patient education and patient care decisions.

## **Interpersonal and communications skills**

**GOALS** - Fellows must be able to demonstrate the ability to effectively communicate with patients and patients' families as well as to exchange information and team-build with colleagues and professional associates.

**Learning Objectives:** Fellows are expected to:

- Use effective listening skills to create and sustain an ethically sound, therapeutic relationship with patients.
- Use both verbal and not-verbal skills in an effective manner to explain, question or provide information to patients regarding neurological problems.
- Work effectively as a team leader or member with peers, colleagues and other healthcare professionals to foster better understanding of Neurological issues/concerns.

## **Professionalism**

**GOALS** - Fellows must demonstrate a commitment to carry out their professional responsibilities in an ethical manner and with sensitivity to a diverse patient population.

**Learning Objectives:** Fellows are expected to:

- Demonstrate empathy, integrity and respect for patients. They also must display a Commitment to principals that supersedes their self-interest and serves the needs of patients, their profession and society.
- Develop a commitment to ethical principles to guide them in the provision or withholding of clinical care, the confidentiality of patient information, informed consent and business practices.
- Demonstrate sensitivity and responsiveness to patients' age, gender, culture, and disabilities.
- Exercise accountability to self and peers, responsibility to profession and contribute to standard settings.

## **• Teaching methods**

These objectives are addressed as part of the weekly outpatient neurology clinic assignments. Discussion with the Attending, Dr Jost, focuses on neurological issues, dementia, delirium, and stroke treatment and prevention

## **• Mix of disease and issues**

- Dementia
- Delirium
- Parkinson's disease
- Age-related changes in pharmacokinetics and pharmacodynamics, and drug-induced illness.
- Stroke
- .

- **Reading list –see attached - – Appendix R**

- **Evaluation**

Each fellow is evaluated quarterly with regard to the ACGME competencies by the appropriate attending. Fellows (fellows) meet with their attending to review these quarterly evaluations. Formal review is given twice per year by the Program Director.

#### OUTCOME ASSESSMENT

The Patient Care competency will be assessed using the following tools:

- Quarterly Attending Evaluation
- Semi-annual review/evaluation sessions with the Program Director using the ACGME Competencies based evaluation forms
- Annual ABIM evaluation Forms by the Program Director
- Self-Assessment form (Appendix I)
- Patient evaluation of the fellow

The Medical Knowledge competencies will be assessed using the following tools:

- Quarterly Attending Evaluation Forms
- Semi-annual review/evaluation sessions with the Program Director using the ACGME Competencies based evaluation forms
- Annual ABIM evaluation Forms by the Program Director

The Interpersonal and Communication skills competency will be assessed using the following tools:

- Fellows' self-evaluation form. (Appendix I)
- Formal evaluation by the Program Director twice a year
- Physician Peer Assessment (Appendix J)
- 360 Degree Evaluation

The Professionalism competency will be assessed using the following tools:

- Quarterly attending evaluation
- Physician Peer Assessment (Appendix J)

- **Supervision**

The ultimate responsibility for medical care of patients followed in the outpatient neurology clinic rests on Neurology Attending who is present in the clinic at all times the clinic meets.

# EDUCATIONAL ACTIVITIES

## SEMINAR SERIES

Weekly seminars are conducted on selected topics of geriatric medicine. To gain experience in formal presentations, each fellow gives at least one seminar in this series each year. Faculty evaluates the fellow's presentation and provides feedback.

## PHARMACOLOGY ROUNDS

Clinical Pharmacist (PharmD) rounds with each of the Hines HBPC teams, provides input into drug use, dosage, avoidance of polypharmacy, etc., and teaches practical pharmacokinetics. Two clinical pharmacists attend two of the Geriatric clinics at Hines. A clinical pharmacist participates at ECC/15ETC staffing and weekly rounds and is available for consultation regarding drug use in long-term care setting.

## CLINICAL CONFERENCE

Fellows meet weekly (with the exception of the week when the Journal Club is held) with faculty member to present, discuss and review relevant bases from their practice.

## STUDENT/RESIDENT TEACHING

Fellows participate in teaching third and fourth year medical students, physician assistant students and Internal Medicine residents.

## JOURNAL CLUB

Hines/Loyola Geriatric Faculty meet monthly for Journal Club. The goal of the Journal Club is for fellows and faculty to develop and improve skills in critical reading of the literature, including evaluation of study design and statistical methods. Articles are chosen on topics which are important to Geriatrics, for example, falls or restraint use. A statistician from the Hines Research and Development Service participates in Journal Club and discusses the statistical methods used in the articles. Two texts are used as resources: Studying a Study and Testing a Test and PDQ Statistics.

# EVALUATIONS

## EVALUATION OF FELLOWS

Faculty evaluates fellows on a quarterly basis using the attached geriatric fellow evaluation form (Appendix C). This form is based on the ABIM fellow evaluation form; separate evaluation forms are used to evaluate the fellow on Geropsychiatry (Appendix D) and Rehabilitation (Appendix E) rotations.

The geriatric fellow evaluation form contains three sections: general evaluation areas, rotation specific evaluation areas and narrative comments. The general evaluation areas are to be evaluated each quarter. The rotation specific evaluation areas cover aspects of the fellowship germane only to particular experiences: nursing home, inpatient consultation, junior attending, hospital based home care (HBHC) and outpatient clinic. Finally, space is available for narrative comments referring either to specific areas evaluated on the form or to the fellow's performance in general. Unsatisfactory ratings on any area require narrative comments.

Each evaluation area or dimension is rated on a 9-point scale: 1-3 = unsatisfactory, 4-6 = satisfactory, and 7-9 = superior. If fellow and faculty member agree on additional objectives to be achieved during that quarter, they will be added in the spaces provided on the last page of the form for the upcoming quarter.

Between quarterly meetings the completed evaluation forms for the current quarter are kept in chronological order in each fellow's academic file in the Office of the Geriatric Fellowship Program Coordinator.

The Program Director or designee meets with each fellow semi-annually. At that meeting, the fellow's evaluation forms, which have accumulated during the previous six months, are reviewed with the fellow and an evaluation review form is completed and signed (Appendix F). In addition, the Program Director meets with the fellows at the end of the training program and reviews the final Graduate Medical Education form (Appendix M). The fellows are evaluated by their peers (Appendix J), patients (Appendix K), and ancillary staff (Appendix L). They also complete a self-evaluation form (Appendix I).

## FELLOWS' EVALUATION OF FACULTY AND PROGRAM

Fellows evaluate faculty twice yearly using the attached form (Appendix G). Fellows are expected to evaluate each faculty member with whom they have worked for at least one month. Completed faculty evaluation forms are kept in the faculty members' files in the office of the ACOS for Extended Care. They are used by the Program Director and ACOS in annual faculty performance appraisals.

Fellows evaluate their clinical and educational experiences twice yearly using the attached form (Appendix H). Their feedback is used to make improvements in the fellowship program on an ongoing basis.

## Reading list

### Reference

- Geriatric Review Syllabus – Sixth Edition
- Principles of Geriatric Medicine & Gerontology – Fifth Edition  
William R. Hazzard, John P. Blass, Jeffrey B. Halter, etc
- Journal of the American Geriatrics Society

### Hospice & Palliative Care

Palliative Care, Morrison, R.S., Meier, D.E.  
NEJM 2004; 350:2582-2590, Jun 17, 2004. Clinical Practice

### Nursing Home/Acute Care

#### Delirium

A Multicomponent Intervention to Prevent Delirium in Hospitalized Older Patients Inouye S. K., Bogardus S.T., Charpentier P.A., Leo-Summers L., Acampora D., Holford T.R., Cooney L.M.  
NEJM; 340:669-676, Mar 4, 1999. Original Articles

#### Dementia

Practice Parameter:--

Neurology 2001;56:1143-1153 Special Article

Practice Parameter: Diagnosis of dementia (an evidence-based review)

Report of the Quality Standards Subcommittee of the American Academy of Neurology

D.S. Knopman, MD; S.T. DeKosky, MD; J.L. Cummings, MD; H. Chui, MD; J. Corey-Bloom, MD, PhD; N. Relkin, MD, PhD; G.W. Small, MD; B. Miller, MD; and J.C. Stevens, MD

Neurology 2001;56:1154-1166 Special Article

Practice Parameter: Management of dementia (an evidence-based review)

Report of the Quality Standards Subcommittee of the American Academy of Neurology

R.S. Doody, MD, PhD; J.C. Stevens, MD; C. Beck, RN, PhD; R.M. Dubinsky, MD; J.A. Kaye, MD; L. Gwyther, MSW; R. C. Mohs, PhD; L. J. Thal, MD

Neurology 2001;56:1133-1142 Special Article

Practice Parameter: Early detection of dementia: Mild cognitive impairment (an evidence-based review)

Report of the Quality Standards Subcommittee of the American Academy of Neurology

R.C. Petersen, PhD, MD; J.C. Stevens, MD; M. Ganguli, MD, MPH; E.G. Tangalos, MD; J.L. Cummings, MD; and S.T. DeKosky, MD

## Articles from NEJM: --

1. Evaluation of Dementia: NEJM Aug 1996
2. Drug Therapy: Alzheimer's disease: NEJM July 2004
3. Memantine in moderate to severe Alzheimer's disease: NEJM April 20003
4. Genomic Medicine: Alzheimer's disease and Parkinson's disease: NEJM April 2003
5. Memory dysfunction: NEJM Feb 2005
6. Early Alz disease: NEJM Sept 2003
7. Vitamin E and Donepezil in treatment of MCI: NEJM June 2005

## Supplement on Dementia

Journal of the American Geriatrics Society: Vol 51 No. 5S (S281-S326) May 2003

Clinical diagnosis of Alzheimer's disease: report of the NINCDS-ADRDA Work Group under the auspices of the Department of Health and Human Services Task Force on Alzheimer's Disease: G. McKhann, D. Drachman, M Folstein, R Katzman, D Price, and EM Stadlan  
Neurology July 1984; 34: 939-944

Dementia with Lewy bodies. In: Dementia. Continuum: Lifelong Learning in Neurology 2004;10(1): 81-112 Bradley F. Boeve

Dementia with Lewy Bodies-Diagnosis and treatment: I.G. McKeith

Feeding Tubes in Patients with Severe Dementia

INA LI, MD., Thomas Jefferson University Hospital, Philadelphia, Pennsylvania American Family Physician, April 15,2002 vol 65, number 8 1605-10

Guideline for managing Alzheimer's Disease: Part I, Assessment, Part II, Treatment  
American Family Physician June 1, 2002 vol 65, number 11 page 2263-2272  
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